

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

New Millennium PAC

ADDRESS (number and street)

700 13th Street NW

Suite 600

Washington

DC

20005

☐ Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00349233

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☒ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Antun, Abraham, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Antun, Abraham, , ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

New Millennium PAC

Report Covering the Period:

From:

| | | | | |
|-----|---|-----|---|-----------|
| M M | / | D D | / | Y Y Y Y Y |
| 01 | | 01 | | 2018 |

To:

| | | | | |
|-----|---|-----|---|-----------|
| M M | / | D D | / | Y Y Y Y Y |
| 01 | | 31 | | 2018 |

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|---|---|
| 6. (a) Cash on Hand January 1, <div><div>Y Y Y Y Y</div><div>2018</div></div> | | <div><div></div><div>39402.22</div></div> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <div><div></div><div>39402.22</div></div> | |
| (c) Total Receipts (from Line 19) | <div><div></div><div>0.00</div></div> | <div><div></div><div>0.00</div></div> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <div><div></div><div>39402.22</div></div> | <div><div></div><div>39402.22</div></div> |
| 7. Total Disbursements (from Line 31)..... | <div><div></div><div>21717.25</div></div> | <div><div></div><div>21717.25</div></div> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | <div><div></div><div>17684.97</div></div> | <div><div></div><div>17684.97</div></div> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <div><div></div><div>0.00</div></div> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <div><div></div><div>0.00</div></div> | |



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

New Millennium PAC

Report Covering the Period:

From:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 0 | 1 | | 2 | 0 | 1 | 8 |

To:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 3 | 1 | | 2 | 0 | 1 | 8 |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 0.00 | 0.00 |
| (ii) Unitemized | 0.00 | 0.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 0.00 | 0.00 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 0.00 | 0.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 0.00 | 0.00 |

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 20717.25 | 20717.25 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 20717.25 | 20717.25 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 0.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements (Including Non-Federal Donations)..... | 1000.00 | 1000.00 |
| 30. Federal Election Activity (52 U.S.C. § 30101(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 21717.25 | 21717.25 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 21717.25 | 21717.25 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| III. Net Contributions/ Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 0.00 | 0.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 0.00 | 0.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ | 20717.25 | 20717.25 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36)▶ | 20717.25 | 20717.25 |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 10

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

New Millennium PAC

Full Name (Last, First, Middle Initial)

A. NGP VAN, Inc.

Date of Disbursement

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | D | D | D | Y | Y | Y | Y | Y | Y |
| 0 | 1 | | 0 | 2 | | 2 | 0 | 1 | 8 | | |

Mailing Address 1445 New York Avenue, NW
Suite 200City
WashingtonState
DCZip Code
20005Purpose of Disbursement
Database Services

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : D806090**

Amount of Each Disbursement this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. New Jersey/Rockland Jewish Media Group

Date of Disbursement

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | D | D | D | Y | Y | Y | Y | Y | Y |
| 0 | 1 | | 0 | 9 | | 2 | 0 | 1 | 8 | | |

Mailing Address 1086 Teaneck Rd

City
TeaneckState
NJZip Code
07666Purpose of Disbursement
Advertisement

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : D806465**

Amount of Each Disbursement this Period

384.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Maltzman, Samantha, , ,

Date of Disbursement

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | D | D | D | Y | Y | Y | Y | Y | Y |
| 0 | 1 | | 0 | 4 | | 2 | 0 | 1 | 8 | | |

Mailing Address 10706 Brewer House Road

City
North BethesdaState
MDZip Code
20852Purpose of Disbursement
Travel

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

FEC Identification Number

C**Transaction ID : D806466**

Amount of Each Disbursement this Period

466.17

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1150.17

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 10

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

New Millennium PAC

Full Name (Last, First, Middle Initial)

A. Perkins Coie LLPMailing Address 1201 Third Avenue
40th FloorCity
SeattleState
WAZip Code
98101Purpose of Disbursement
Legal & Compliance Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 1 | | 1 | 9 | | 2 | 0 | 1 | 8 | | |

FEC Identification Number

C

Transaction ID : D806916

Amount of Each Disbursement this Period

1501.68

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Maltzman, Samantha, , ,

Mailing Address 10706 Brewer House Road

City
North BethesdaState
MDZip Code
20852Purpose of Disbursement
Fundraising Consulting Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 1 | | 0 | 2 | | 2 | 0 | 1 | 8 | | |

FEC Identification Number

C

Transaction ID : D806087

Amount of Each Disbursement this Period

4000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. GLH ConsultingMailing Address 425 Massachusetts Ave NW
Apt 1128City
WashingtonState
DCZip Code
20001Purpose of Disbursement
Fundraising Consulting Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 1 | | 0 | 2 | | 2 | 0 | 1 | 8 | | |

FEC Identification Number

C

Transaction ID : D806088

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

8501.68

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 10

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

New Millennium PAC

Full Name (Last, First, Middle Initial)

A. American Express

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 0 | 3 | | 2 | 0 | 1 | 8 |

Mailing Address PO Box 1270

City
NewarkState
NJZip Code
07101-1270Purpose of Disbursement
Credit Card Payment, See Below

Candidate Name

Category/
TypeOffice Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State: District:

FEC Identification Number

C

Transaction ID : D806319

Amount of Each Disbursement this Period

10256.83

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mastro's Steakhouse

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 0 | 3 | | 2 | 0 | 1 | 8 |

Mailing Address 600 13th St NW

City
WashingtonState
DCZip Code
20005-3005Purpose of Disbursement
Meals

Candidate Name

Category/
TypeOffice Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State: District:

FEC Identification Number

C

Transaction ID : D806323

Amount of Each Disbursement this Period

271.35

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Morton's Steakhouse

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 0 | 3 | | 2 | 0 | 1 | 8 |

Mailing Address 1050 Connecticut Avenue, NW

City
WashingtonState
DCZip Code
20036Purpose of Disbursement
Meals

Candidate Name

Category/
TypeOffice Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State: District:

FEC Identification Number

C

Transaction ID : D806326

Amount of Each Disbursement this Period

3149.84

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

10256.83

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 10

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

New Millennium PAC

Full Name (Last, First, Middle Initial)

A. W Hotels

Mailing Address One StarPoint

City
StamfordState
CTZip Code
06902Purpose of Disbursement
Catering

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 01 | | | 03 | | | 2018 | | | |

FEC Identification Number

C

Transaction ID : D806328

Amount of Each Disbursement this Period

6679.69

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Chase Card Services

Mailing Address P.O. Box 1423

City
CharlotteState
NCZip Code
28201Purpose of Disbursement
Credit Card Payment, See Below

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 01 | | | 22 | | | 2018 | | | |

FEC Identification Number

C

Transaction ID : D806951

Amount of Each Disbursement this Period

808.57

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Lahinch Tavern & Grill

Mailing Address 7747 Tuckerman Ln

City
PotomacState
MDZip Code
20854Purpose of Disbursement
Meals

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 01 | | | 22 | | | 2018 | | | |

FEC Identification Number

C

Transaction ID : D806971

Amount of Each Disbursement this Period

216.70

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

808.57

20717.25

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 10

| | | | | |
|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

New Millennium PAC

Full Name (Last, First, Middle Initial)

A. Newark Three Kings Celebration, Inc./ Puerto Rico Relief

Mailing Address PO Box 22247

City
NewarkState
NJZip Code
07101Purpose of Disbursement
Donation

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 01 | / | 11 | / | 2018 |

FEC Identification Number

C

Transaction ID : D806477

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| | / | | / | |

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| | / | | / | |

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1000.00

1000.00